

Supervision Template

NAME:.....

EMPLOYEE NUMBER:

DATE:

6 MONTH REVIEW DATE:

12 MONTH REVIEW DATE:

SERVICE DEVELOPMENT	OUTCOME MEASURE	TIME FRAME	RATING (E, M, PM, DNM)

CASELOAD/CLINICAL	OUTCOME MEASURE	TIME FRAME	RATING (E, M, PM, DNM)

HOUSEKEEPING/DEPARMENTAL	OUTCOME MEASURE	TIME FRAME	RATING (E, M, PM, DNM)

RATING – Exceed (E); Meets (M); Partially Meets (PM); Does Not Meet (DNM)

Reference: Northeast Health, Wangaratta

Supervision Template

EXTRA DUTIES	OUTCOME MEASURE	TIME FRAME	RATING (E, M, PM, DNM)

QUALITY IMPROVEMENT	OUTCOME MEASURE	TIME FRAME	RATING (E, M, PM, DNM)

PERSONAL GOALS	OUTCOME MEASURE	TIME FRAME	RATING (E, M, PM, DNM)

PERSONAL SPECIFICATIONS	OUTCOME MEASURE	TIME FRAME	RATING (E, M, PM, DNM)

RATING – Exceed (E); Meets (M); Partially Meets (PM); Does Not Meet (DNM)

Reference: Northeast Health, Wangaratta

Supervision Template

PROFESSIONAL DEVELOPMENT	OUTCOME MEASURE	TIME FRAME	RATING (E, M, PM, DNM)

INITIATIVES & ACHIEVEMENTS	OUTCOME MEASURE	TIME FRAME	RATING (E, M, PM, DNM)

Commencement
 EMPLOYEE'S SIGNATURE: Date:..... SUPERVISOR'S SIGNATURE:

6 month Review
 EMPLOYEE'S SIGNATURE: Date:..... SUPERVISOR'S SIGNATURE:

12 month Review
 EMPLOYEE'S SIGNATURE: Date:..... SUPERVISOR'S SIGNATURE:

RATING – Exceed (E); Meets (M); Partially Meets (PM); Does Not Meet (DNM)

Reference: Northeast Health, Wangaratta